

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 11, 1994

ALL-COUNTY LETTER NO. 94-58.

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: INFORMING REQUIREMENTS FOR A ROLLBACK IN AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC), REFUGEE CASH ASSISTANCE (RCA) AND ENTRANT CASH ASSISTANCE (ECA) GRANT LEVELS AND PREGNANCY SPECIAL NEEDS DECREASE

HANDBOOK: THIS LETTER CONTAINS INFORMATION UPDATING THE AFDC NOTICE OF ACTION HANDBOOK

The purpose of this letter is to inform you that the State budget passed with a Cash Aid Maximum Aid Payment (MAP) rollback. A 2.3 percent reduction will be implemented effective September 1, 1994. For purposes of this letter, Cash Aid means the AFDC, RCA and ECA programs. Attachment 1 provides the AFDC Payment Standards table to assist you in implementing the changes.

The State budget also includes a decrease in the pregnancy special needs amount. Effective September 1, 1994, the pregnancy special needs amount will be \$47.

Food Stamps

Information on the Food Stamp benefit adjustments which result from the reduction in Cash Aid MAP levels shall be handled as a mass change as specified in MPP 63-504.392. The mass notice (Attachment 2) contains the Food Stamp information necessary to inform recipients of benefit changes. Individual Notices of Change (DFA 377.4) are not required.

General Mass Informing Notice

In order to mitigate the impact on you and the Cash Aid population, we have developed a mass informing notice (Attachment 2) to give advance warning of the MAP decrease. This stuffer shall be used to alert Cash Aid recipients of the MAP reduction to enable them to both plan ahead and address their questions to the State. The notice has the State's toll-free number which is now available. Please note that when calling this number, recipients will hear a four-minute tape recorded message in English and Spanish regarding the MAP decrease. Based on last year's rollback experience, this should reduce your workload associated with inquiries about the reduction. The stuffer can be sent with the warrants, CA 7s, NOAs or by separate mailing. The usefulness of the stuffer will be diminished if it does not precede the actual NOA which reduces the Cash Aid.

AFDC NOAs

Attachment 3 contains four NOAs; two with implementing instructions for the MAP rollback, and two with instructions to implement the decrease in the pregnancy special needs amount. Only the English and Spanish versions are attached. The Language Services Bureau will send camera-ready copies of the TEMP NA 3 and the NOAs to the County Forms Coordinators under separate cover in the four Indo-Chinese languages: Cambodian, Chinese, Lao and Vietnamese.

Assistance Payments Demonstration Project (APDP)

California Work Pays Demonstration Project (CWPDP)

Research Counties (Los Angeles, San Bernardino, Alameda, San Joaquin)

Cases assigned to experimental status will be subject to the 2.3 percent reduction. Cases in control status will not be subject to the reduction. It is recommended that the TEMP NA 3 not be sent to cases in control status. However, if this is not possible, the County may add the following language to the notice: "If you are a member of the control group of the Assistance Payments Demonstration Project (now called the California Work Pays Demonstration Project), these changes don't apply to you."

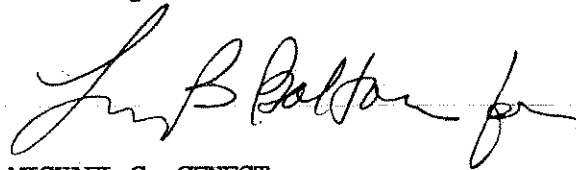
All cases will be subject to the decrease in the pregnancy special needs amount.

Contacts

If you have any questions regarding this letter, please contact the following staff:

MAP Rollback: Alison Garcia (916) 654-0989, CALNET 464-0989.
Food Stamps: Suzanne McNamee (916) 657-3815, CALNET 437-3815.
Pregnancy Special Needs: Henry Puga (916) 654-1068, CALNET 464-1068
APDP/CWPDP: Leslie Raderman (916) 657-2357, CALNET 437-2357
Mass Informing Notice: Cecelia Brown-Jackson (916) 654-1801, CALNET 464-1803.
AFDC NOAs: John Honeycutt (916) 654-1077, CALNET 464-1077.
Translations: Shirley Lukung (916) 654-1277, CALNET 464-1286.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachment

AFDC PAYMENT STANDARDS

Effective September 1, 1994

Assistance Unit Size	Maximum Aid Payment	185% of		IN-KIND INCOME				80% of	
		MBSAC	MBSAC	Housing	Utilities	Food	Clothing	MAP	MAP
1	293	355	656*	160	34	89	27	234	234
2	479	583	1,078*	215	39	189	52	383	383
3	594	723	1,337*	235	42	242	78	475	475
4	707	858	1,587	246	44	298	104	565*	565*
5	806	979	1,811	246	44	360	132	644*	644*
6	905	1,101	2,036*	246	44	418	156	724	724
7	994	1,209	2,236*	246	44	466	185	795	795
8	1,083	1,317	2,436	246	44	510	207	866	866
9	1,170	1,428	2,641*	246	44	560	237	936	936
10	1,257	1,551	2,869	246	44	606	259	1,005*	1,005*
More than 10	1,257	Add \$14 for each extra person							

Reference 44-315.311 44-207.113 44-115.311-----44-402.1 and 44-211.531

*Rounded down to the next lower whole dollar to stay within the 185% and 80% limits.

IMPORTANT NOTICE FOR CASH AID RECIPIENTS - STATE LAW CHANGES

PLEASE READ

MAXIMUM AID PAYMENT (MAP)

As of September 1, 1994, State law lowers the Maximum Aid Payment (MAP) that a family can get by 2.3 percent. See the Table to the right to find how much this change will lower your MAP on September 1.

You will get a Notice of Action in August showing your new aid amount starting September 1 because of the MAP change. Don't ask for a State Hearing or call the County about this change now. When you get that notice, you will be able to ask for a state hearing if you want to.

If cash aid is your **only** income, you will have less money to meet your family's needs. You will need to plan for this change.

FOOD STAMP CHANGES

Most families will get **more Food Stamps** when their **cash aid goes down**. Most families will get **less Food Stamps** when their **cash aid goes up**. You will get a separate notice if your Food Stamps go down.

CASH AID MAP TABLE

Persons on Aid	Old MAP	New MAP	Decrease
1	\$ 299	\$ 293	\$ 6
2	490	479	11
3	607	594	13
4	723	707	16
5	824	806	18
6	926	905	21
7	1,017	994	23
8	1,108	1,083	25
9	1,197	1,170	27
10 or more	1,286	1,257	29

IF YOU NEED MORE INFORMATION ABOUT THE CHANGE IN THE MAP :

Please call toll free: 1-800-248-8068
or

TDD for hearing impaired: 1-800-952-8349

AVISO IMPORTANTE PARA BENEFICIARIOS DE ASISTENCIA MONETARIA

CAMBIO EN LA LEY ESTATAL

POR FAVOR LEALO

PAGO MAXIMO DE ASISTENCIA MONETARIA (MAP)

A partir del 1 de septiembre de 1994, la ley estatal reduce en un 2.3 por ciento, el Pago Máximo de Asistencia (MAP) que puede recibir una familia. Vea la tabla al lado derecho para enterarse de lo máximo que su asistencia monetaria puede cambiar el 1 de septiembre.

Usted recibirá una notificación de acción en agosto mostrando su nueva cantidad de asistencia comenzando el 1 de septiembre a causa del cambio en el MAP. No pida una audiencia ni llame al condado sobre este cambio ahora. Cuando usted reciba esa notificación, usted podrá solicitar una audiencia si quiere hacerlo.

Si la asistencia monetaria es su **único** ingreso, usted tendrá menos dinero para cubrir las necesidades de su familia. Necesita hacer planes para este cambio.

CAMBIOS EN LAS ESTAMPILLAS PARA COMIDA

La mayoría de las familias recibirán **más estampillas para comida** cuando su **asistencia monetaria baja**. La mayoría de las familias recibirán **menos estampillas para comida** cuando su **asistencia monetaria sube**. Recibirá una notificación por separado si sus estampillas para comida bajan.

TABLA DE MAP PARA ASISTENCIA MONETARIA

Personas que reciben ayuda	MAP anterior	MAP nuevo	Reducción
1	\$ 299	\$ 293	\$ 6
2	490	479	11
3	607	594	13
4	723	707	16
5	824	806	18
6	926	905	21
7	1,017	994	23
8	1,108	1,083	25
9	1,197	1,170	27
10 o más	1,286	1,257	29

SI NECESITA MAS INFORMACION SOBRE EL CAMBIO EN EL MAP:

Por favor llame al número gratuito: 1-800-248-8068
o al

TDD para las personas sordas 1-800-952-8349

NOTICES OF ACTION (NOAs)

Part 1 - Temporary NOA Forms

The following temporary (t) NOA forms are attached:

- o AFDC 94.91t - MAP Reduction Only
- o AFDC 94.92t - Action Includes MAP Reduction
- o AFDC 94.93t - Action Includes MAP and Pregnancy Special Need Reductions

Every case in which cash aid is changed as a result of the September 1 reductions must receive timely and adequate notice based on the attached NOAs. If you develop your own NOAs from the message language included on these forms, place the language on Form NA 200.

AFDC 94.91t - MAP Reduction Only. Use this form when the ONLY reason for the action is the MAP Reduction. This form directs clients to mail their requests for a State Hearing to the State, where the requests will receive special handling. This same process was used last year for the AFDC rollback.

The paragraph directing clients to mail appeals to the State is located at the end of the "State Hearing" Section near the top of the right hand column of the form and begins with, "If you want a hearing," and ends with, "quicker handling of your appeal."

If you prepare your own versions of this NOA form, be sure that the special State Hearing paragraph is included. Please note that this paragraph does not appear on the standard NA 200 Form that you will use for this action.

AFDC 94.92t - Action Includes MAP Reduction. Use this form when the action does NOT include the pregnancy special need reduction but includes other actions IN ADDITION to the MAP reduction. This form does not include the special State Hearing paragraph included on the AFDC 94.91t. In all other ways (except for form number and title), the 94.91t and the 94.92t NOA forms are identical.

AFDC 94.93t - Action Includes MAP and Pregnancy Special Need Reductions. Use this form when the action includes BOTH the MAP reduction and the reduction to the pregnancy special need payment. The NOA may or may not include additional actions. This form does not include the special State Hearing paragraph included on the AFDC 94.91t.

Special Phone Messages. As provided last year, short recorded phone messages in English and Spanish are available for clients who want more information about the MAP reduction. The phone numbers are included on all of the above NOA forms.

The three NOA forms, because they are temporary, will not be indexed or filed in the AFDC Notice of Action Handbook.

Part 2 - Revised NOA Message Document

The following revised NOA message document is attached:

- o M44-211K - Pregnancy Special Needs - Change Action

The effective date of this NOA is September 1. Instructions for use are included in the document. It has been changed by eliminating the \$70.00 pregnancy special need amount included on the present version. This amount has been replaced with a blank space for inserting the new \$47.00 amount.

HOLDERS OF THE AFDC NOA HANDBOOK

File the revised M44-211K NOA message document in Section 6 of the Handbook and remove the obsolete version of the document.

Part 3 - All Attached NOAs

All of the attached NOAs are to be backed with the NA BACK that is current on the effective date of the action.

Camera-ready versions of the attached NOAs in Spanish and other foreign languages will follow under separate cover.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

If you want a hearing, send your request to:

State Dept. of Social Services
Administrative Adjudications Div.
744 P St., M.S. 19-98
Sacramento, CA 95814

rather than to the address on the back. This will allow quicker handling of your appeal.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income..... \$ _____
Work Expense Disregard..... - _____
\$30 and 1/3 Disregard..... - _____
Dependent Care Disregard..... - _____
Other Countable Income -- Sources:
_____ + _____
_____ + _____
Court Ordered Support You Paid..... - _____
Net Countable Income..... = _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons \$ _____
2. Special Needs + _____
3. Net Countable Income from Section A - _____
4. Basic Need Subtotal..... =

5. Maximum Aid, _____ Persons \$ _____
6. Special Needs + _____
7. Maximum Aid Subtotal =
8. **Full Month Aid Subtotal**
(Lower Amount on Line 4 or 7) = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments: Collect Overpayment - _____
10a. Cal-Learn Penalty - _____
10b. Cal-Learn Bonus + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) = _____

As of September 1, 1994, the County is changing your monthly cash aid from \$ _____ to \$ _____.

Here's why:

On September 1, 1994, a change in State law will lower the Maximum Aid amount that you can get by 2.3 percent.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

TDD for hearing impaired:

1-800-952-8349

If you want a State Hearing on the 2.3 percent drop in aid, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

On the other hand, the judge may be able to help you if you think there is a mistake in your aid or if you have problems besides the 2.3 percent drop in aid.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315; W&I Code Section 11450.015.

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of September 1, 1994, the County is changing your monthly cash aid from \$ _____ to \$ _____.

Here's why:

On September 1, 1994, a change in State law will lower the Maximum Aid amount that you can get by 2.3 percent.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

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If you want a State Hearing on the 2.3 percent drop in aid, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

On the other hand, the judge may be able to help you if you think there is a mistake in your aid or if you have problems besides the 2.3 percent drop in aid.

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income.....	\$	_____
Work Expense Disregard.....	-	_____
\$30 and 1/3 Disregard.....	-	_____
Dependent Care Disregard.....	-	_____
Other Countable Income -- Sources:		
_____	+	_____
_____	+	_____
Court Ordered Support You Paid.....	-	_____
Net Countable Income.....	=	_____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$	_____
2. Special Needs.....	+	_____
3. Net Countable Income from Section A.....	-	_____
4. Basic Need Subtotal.....	=	<input type="text"/>
5. Maximum Aid, _____ Persons.....	\$	_____
6. Special Needs.....	+	_____
7. Maximum Aid Subtotal.....	=	<input type="text"/>
8. Full Month Aid Subtotal		
(Lower Amount on Line 4 or 7).....	=	_____
9. Line 8 Prorated for Part of Month.....	=	_____
10. Adjustments: Collect Overpayment.....	-	_____
10a. Cal-Learn Penalty.....	-	_____
10b. Cal-Learn Bonus.....	+	_____
11. Monthly Cash Aid Amount		
(Line 8 or 9 Adjusted).....	=	_____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-315; W&I Code Section 11450.015

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESS)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of September 1, 1994, the County is changing your monthly cash aid from \$ _____ to \$ _____.

Here's why:

On September 1, 1994, a change in State law will lower the Maximum Aid amount that you can get by 2.3 percent, and will lower the monthly amount of the pregnancy special need payment that you can get from \$70.00 to \$47.00.

Your new cash aid amount is figured on this notice.

If you want to know more about this State law change, you may call toll-free:

1-800-248-8068

TDD for hearing impaired:

1-800-952-8349

If you want a State Hearing on the 2.3 percent drop in aid, you need to know that the judge who hears your case will not be able to increase your aid if your only complaint or problem is the law change itself.

On the other hand, the judge may be able to help you if you think there is a mistake in your aid or if you have problems besides the 2.3 percent drop in aid.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP 44-211.6, 44-315; W&I Code Section 11450.015

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Earned Income..... \$ _____
Work Expense Disregard..... - _____
\$30 and 1/3 Disregard..... - _____
Dependent Care Disregard..... - _____
Other Countable Income -- Sources:
_____ + _____
_____ + _____
Court Ordered Support You Paid..... - _____
Net Countable Income..... = _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons..... \$ _____
2. Special Needs..... + _____
3. Net Countable Income from Section A..... - _____
4. Basic Need Subtotal..... =
5. Maximum Aid, _____ Persons..... \$ _____
6. Special Needs..... + _____
7. Maximum Aid Subtotal..... =
8. **Full Month Aid Subtotal**
(Lower Amount on Line 4 or 7)..... = _____
9. Line 8 Prorated for Part of Month..... = _____
10. Adjustments: Collect Overpayment..... - _____
10a. Cal-Learn Penalty..... - _____
10b. Cal-Learn Bonus..... + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted)..... = _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-211K Page 1 of 1
Action : Change
Issue: Special Needs
Title: Pregnancy Special Needs

Auto ID No.:
Source :
Issued by : ACL
Reg Cite : 44-211.6

Use Form No. : NA 200
Original Date : 05/01/87
Revision Date : 09/01/94

MESSAGE:

As of _____, the County is changing your
cash aid from \$_____ to \$_____.

Here's why:

_____ is no longer pregnant.
She no longer can get a \$_____ special need
payment for pregnancy.

INSTRUCTIONS: Use to change the grant effective the end of the month the child is
born or when the mother is no longer pregnant. This message will often be used with
another which will add the newborn to the AU.

- o Enter the effective date of the action.
- o Enter the old cash aid amount and the new cash aid amount.
- o Enter the name of the person who is no longer pregnant.
- o Enter the amount of the special need payment that no longer applies.

This message replaces M44-211K dated 07/01/89.

file: wpjhone/l.m.docs/m44211k94 94.07.07